

# NOTES

Public Health Improvement Partnership

## Workforce Development Committee

Wednesday, August 25, 2004

9:00am – 10:30am via conference call

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

Co-Chairs: Sue Grinnell, Cowlitz Co.; Jack Thompson, UW.

Members: Joan Brewster, DOH; Charlene Crow-Shambach, Snohomish; Kathy Deuel, DOH; Dorothy Gist, DOH; Nancy Goodloe, Kittitas; Marianne Guichard, DOH; Vic Harris, Tacoma-Pierce; Keith Higman, Island; Vicki Kirkpatrick, WSALPHO; Dennis Klukan, Yakima; David Koch, DIS; Debbie Lee, DOH; Marianne Patton, Chelan-Douglas; Marianne Seifert, SBOH; Margaret Shield, UW; SBOH Corinne Story, Skagit; Patty Swanson, Thurston; Pam Walker, Clark. (Strikeout = absent for this meeting).

Guest: Alice Porter, PHIP Editor

Staff: Marie Flake, DOH; Wendy Holden, DOH; Janice Taylor, DOH.

Topic / Description	Materials
<p><b>Developing Recommendations – Marie</b></p> <p><b>Meeting Purpose</b> – select 3-5 broad recommendations to be developed for publication in the 2004 PHIP. These will provide the basis for next biennium's work plan. See agenda for background.</p> <p>Requests of Alice in drafting the chapter – Feature the learning management system in the text. Describe some of the features, especially how this system can be used by individuals and managers / leaders to be more playful about individual and organization development. The committee has evolved in its thinking and use of language around workforce development. Chapter text is an opportunity to teach others and establish a common and easily understood language and picture – i.e. away from “training” to “learning”; no longer just classroom training, now just in time learning via journals, computer, etc; what is a learning culture / learning organization; establish the conceptual link between improvement in individual performance / competency and agency performance / competency and achievement of the public health performance standards and ?increased readiness to respond to public health emergencies, etc. Include mention of both the Northwest Public Health Leadership Institute and the Six-state WFD Network (Jack Thompson to help with language here).</p> <p><b>Diagram</b> – Referencing the diagram in the 2002 PHIP, on page 33, it was noted that such a diagram would benefit from more explanation in the text or a caption. It was also noted that while the 2002 diagram illustrates conceptually where the PHIP Competencies came from and how we hope to use them, a diagram should be developed for the 2004 publication that illustrates the “big picture” of workforce development (including a link to succession planning) rather than a focus solely on competencies and illustrates the “outcome” of workforce development, i.e. improved performance. It was suggested we look at diagrams developed by Chuck Tresser related to the EHD Orientation and Barney Turnock, UIC.</p> <p>Overarching comment related to recommendations – While the need for increasing the diversity of the public health workforce may be obvious and assumed by many, it needs to be clearly articulated and woven throughout the many pertinent recommendations and strategies in this publication. (Kathy Deuel, Nancy Goodloe and other to help with language). Learning culture is a phrase that is beginning to resonate with people and is the shortest way to describe this essential concept and should be woven, where possible, throughout the recommendations. All of this work is inter-related and integrated.</p> <p>As a result of discussing the 10 proposed draft recommendations included in the agenda, the group coalesced around the draft recommendations below as the foundation of the chapter text and recommendations to be published.</p>	<ul style="list-style-type: none"> <li>•Agenda</li> <li>•2002 PHIP WFD Chapter</li> <li>•Notes from June WFD Meeting</li> </ul>

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<p><b>Draft WFD Recommendations – August 25, 2004</b>  <i>Formatting these many ideas while striking the balance between being succinct and yet providing specific examples for clarity (and because they are all activities we really want to do), was a challenge. Your edits to whittle this down and provide even more focus will be helpful. - Marie</i></p> <p><b>1. Succession planning</b> – With demographic trends forecasting increasing ethnic diversity in the overall population and as much as 20% of the public health workforce eligible for retirement in the next 2½ years, succession planning [workforce planning?] for individuals public health agencies and the overall public health system is essential and foundational to public's health. Succession planning includes but is not limited to: agency strategic planning and work redesign is necessary; organizational development planning; individual worker development plans; recruitment from non-traditional / previously untapped venues; etc.....</p> <ul style="list-style-type: none"> <li>• Develop and implement succession planning for the public health system. <ul style="list-style-type: none"> <li>Development and Retention – <ul style="list-style-type: none"> <li>a) Mentoring....what do we want to say about it? Develop system-wide mentoring programs? Provide guidance for agencies to develop mentoring programs?</li> <li>b) Promote a learning culture within the field of public health and each agency so people will want to stay in the field.</li> <li>c) Explore both non-financial and financial incentives for continued individual learning and development.</li> <li>d) Explore strategies for using or extending the contributions of retirement eligible workers via mentoring, curriculum development, emeritus status, etc. Explore state retiree rehire program rules.</li> </ul> </li> <li>Recruitment – <ul style="list-style-type: none"> <li>a) Coordinate efforts to market living and working in Washington State and working in public health – i.e. develop a web site for this that also includes postings of all public health job opportunities in Washington State.</li> <li>b) Develop systematic recruitment via previously untapped or underutilized venues or strategies (technical schools, community colleges, internships, apprenticeships, presentations to student and professional associations, career clubs, etc.) especially focusing on increasing the diversity within the public health workforce.</li> <li>c) Seek to establish loan repayment, tuition reimbursement, recruitment and retention resources and delivery of training to public health workers in their communities while working, similar to those provided by the federal Health Services and Resources Administration (HRSA) for primary care providers. ....link to Everybody Counts data – use this data like HRSA uses its health professions data – i.e. to establish health professional shortage areas (HPSA), etc....</li> </ul> </li> </ul> </li> <li>• Develop and implement succession planning in each public health agency. <ul style="list-style-type: none"> <li>Development and Retention – <ul style="list-style-type: none"> <li>a) Use tools such as the LMS to assess worker competencies, plan for and access needed learning, track learning acquired and link to job requirements and performance review.</li> <li>b) Use tools such as the LMS to assess and plan organizational development.</li> </ul> </li> </ul> </li> </ul> <p><b>2. Develop managers and leaders</b> – With up to 25% of managers in the public health workforce eligible for retirement in the next 2½ years, identification of and development of current and future managers and leaders is essential to maintaining and improving the performance of public health agencies and the overall public health system.</p> <ul style="list-style-type: none"> <li>• Develop and implement various / many strategies to identify and develop managers and leaders in public health agencies and the overall system. <ul style="list-style-type: none"> <li>a) Continue support for the Northwest Public Health Leadership Institute</li> <li>b) Develop mentoring programs</li> <li>c) Other strategies....? Kathy Deuel, others, help!</li> </ul> </li> </ul> <p><b>3. Enumeration</b> – Everybody Counts 2004 was the first attempt at defining and counting workers in governmental public health in</p>	

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<p>Washington state. It provided useful learnings about conducting such a census and basic information about the current governmental public health workforce. This information will be useful in all aspects of succession planning.</p> <ul style="list-style-type: none"> <li>Define the process for routinely conducting this census (i.e. every 3-5 years) and expanding to include public health partners such as tribal public health agencies, community based organizations, community health clinics, etc. in the count.</li> </ul> <p><b>4. Just In Time Learning: Content Development and the Delivery System</b> – The world and the workplace are constantly changing. Public health agencies and workers need to be constantly learning, every day, wherever they are. Public health workers should have access to training when and where they need it. Some of the content public health worker need already exists and simply needs to be made accessible, other content needs to be developed and delivered. Workers need adequate access to the technology (i.e. web connected computer; telephone with headset or speaker phone; etc.) through which learning is delivered.</p> <ul style="list-style-type: none"> <li>Finish development of web based orientations in the following areas: HO, PHND, EHD, Administrators, Community Health Assessment; select other key areas for development (i.e. health education, fiscal, etc.)</li> <li>Describe the basic or core training that is needed, by public health workers, at different levels.</li> <li>Make existing content (i.e. content developed by the Northwest Center for Public Health Practice and others) more readily available, when and where needed.</li> <li>Develop and deliver needed content as defined by the PHIP – WFD Training / Performance Improvement Plan and such as public health 101, management training, leadership development, etc.</li> <li>Explore and document strategies for providing non-financial and financial incentives (i.e. Yakima's system)</li> <li>Evaluate the usefulness of certification / credentialing of the public health workforce at different levels.</li> </ul> <p><b>5. PHIP Competencies</b> – Published in the appendix of the 2002 PHIP Report, these system level competencies were develop based on the PHIP vision, public health performance standards and other existing competency sets. Defining competencies to be achieved provides a framework for assessing learning needs, designing curriculum, and evaluating / measuring performance for both individual and agencies. These competencies have been incorporated in various projects and products of the WFD Committee such as the public health orientations, the statewide Training / Performance Improvement Plan and the LMS.</p> <ul style="list-style-type: none"> <li>Continue to use the PHIP Competencies, specifically in the development of individual worker competencies, individuals worker self-assessment tools, as a basis for individual learning / development plans and in the LMS; and evaluate them and recommend edits.</li> </ul>	
<p><b>Wrap-up / Next Steps –</b></p> <p>Marie will send out meeting notes and draft diagrams ASAP to engage all committee members in e-mail dialogue around the recommendations and draft diagram. Alice will proceed with creating a first draft of the chapter text based on this discussion and these draft recommendation areas. The draft chapter will be first reviewed by committee co-chairs and then committee members. The draft chapter will be presented at the October 15th PHIP Steering Committee meeting. The committee will have a final chance to edit during the November 4th WFD Committee meetings and possibly through an additional session via the UW web conferencing system, iLinc.</p>	
<p><b>Project Updates –</b></p> <p>To provide additional context for the discussion, current status and anticipated accomplishments by January 2005 were described for each project. See separate document for written project updates.</p>	<p>Written updates will be sent soon, via e-mail, so all committee members may review.</p>

WFD Communication Tools: <http://www.doh.wa.gov/phip/WorkforceDevelopment/default.htm>  
2004 Meeting Dates: June 4; August 25; November 4  
Routine Meeting Place: Prime Hotel (formerly the Wyndham), 18118 Pacific Highway South, SeaTac, WA